



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of carisoprodol products, lansoprazole, lindane, omeprazole-sodium bicarbonate, and pantoprazole) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Accolate	Benicar	Gris-Peg	Prandin
Aceon*	Benicar HCT	Humalog	Premarin (tabs only)
Aciphex	Besivance	Infergen	ProAir HFA
Actos	Blephamide	Lantus	Protopic
Adderall XR*	Blephamide S.O.P.	Levemir	Proventil HFA
Advair Diskus	Bleph-10	Lexapro	Qvar
Advair HFA	Capex Shampoo	Luvox CR	Relenza [†]
Aerobid	Cenestin	Maxair Autohaler	Ritalin*
Aerobid-M	Cleocin (oral only)*	Maxalt MLT	Serevent Diskus
Amoxil*	Combivent	Menest	Singulair
Aricept	Concerta	Micardis	Spiriva
Aricept ODT	Daraprim	Micardis HCT	Symbicort
Asmanex Twisthaler	Daytrana	Nasacort AQ	Tamiflu [†]
Astelin	Derma-Smoothe/FS	Nasonex	Teveten
Astepro	Dexedrine*	Neosporin*	Teveten HCT
Atrovent HFA	Diastat	Niacor	Tobrex*
Avalide	Diovan	Nitro-Bid	Tyzine
Avandamet	Elidel	Nitrostat*	Ventolin HFA
Avandaryl	Eurax	Oxytrol	Vigamox
Avandia	Flovent Diskus	Pataday	Vyvanse
Avapro	Flovent HFA	Patanase	Xopenex HFA
AzaSite	Focalin*	Patanol	Zovirax (ointment only)
Azmacort	Focalin XR	Pegasys	
Bactroban Nasal	Foradil	Phisohex	
Beconase AQ	Glyset	Poly-Pred	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 10/7/2010